

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 24, 2003 8:00 am**  
**Secretary of State**

02-24-2003 90215 041 \*\*\*150.00

**DOCUMENT # L18698**

1. Entity Name  
**JORGE H. RAMOS, P.A.**



Principal Place of Business  
**2250 S.W. 3RD AVENUE  
5TH FLOOR  
MIAMI FL 33129**

Mailing Address  
**2250 S.W. 3RD AVENUE  
5TH FLOOR  
MIAMI FL 33129**



2. Principal Place of Business  
**150 Alhambra Circle  
Suite, Apt. #, etc.  
1150**

3. Mailing Address  
**150 Alhambra Circle  
Suite, Apt. #, etc.  
1150**

City & State  
**Coral Gables, Florida**  
Zip  
**33134**  
Country  
**USA**

City & State  
**Coral Gables, Florida**  
Zip  
**33134**  
Country  
**USA**

4. FEI Number  
**65-0146580**

Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**RAMOS, JORGE H.  
2250 S.W. 3RD AVENUE  
5TH FLOOR  
MIAMI FL 33129**

7. Name and Address of New Registered Agent

Name  
**Jorge H. Ramos**  
Street Address (P.O. Box Number is Not Acceptable)  
**150 Alhambra Circle  
Suite 1150**  
City  
**Coral Gables** FL Zip Code  
**33134**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input checked="" type="checkbox"/> Delete
	<b>D</b>			
TITLE	<b>RAMOS, JORGE H.</b>	<b>2250 S.W. 3RD AVENUE, 5TH FLOOR</b>	<b>MIAMI FL</b>	<input checked="" type="checkbox"/>
TITLE				<input type="checkbox"/> Delete
TITLE				<input type="checkbox"/> Delete
TITLE				<input type="checkbox"/> Delete
TITLE				<input type="checkbox"/> Delete
TITLE				<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
	<b>Ramos, Jorge H.</b>	<b>150 Alhambra Circle, Suite 1150</b>	<b>Coral Gables, Florida 33134</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TITLE				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE				<input type="checkbox"/> Change	<input type="checkbox"/> Addition

CR2E034 (10/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/03 (300) 818-0220  
Date Daytime Phone #